

Mental Health Services Act – Capital Facilities



Workgroup Meeting

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CSH helps communities
create permanent
housing with services to
prevent and end
homelessness

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Capital Facilities and IT



Approximately \$325 million will be available for “capital facilities and technological needs” to implement plans for mental health services over 4 years (FY 05 through FY 08)

Funding to implement local plans for services for children, transition-aged youth, adults and older adults, including prevention and early intervention services

Capital Facilities Costs may Include (Proposed)



- Purchasing land or buildings
- Construction or rehabilitation costs for buildings or office / meeting spaces
- Adequate reserves for projects to cover gaps in operating costs in future years
- Related “soft” costs for development including strategies to build community acceptance for projects

Guiding Principles



The Same Goal = Transformation

- Decisions about how to use MHSA funds for capital facilities must be guided by the MHSA Vision and Guiding Principles
- Investments in capital facilities should help achieve desired outcomes of MHSA
 - Safe and adequate housing; reduction in homelessness
 - Timely access to needed help, including times of crisis
 - Reduction in involuntary services and incarceration

Guiding Principles



The Same Goal = Transformation

- County's proposed uses of these funds must be aligned with planning for Community Services and Supports
 - Meet identified mental health needs in the community
 - Focus on unserved and underserved individuals and reducing ethnic disparities
 - Support implementation of identified strategies

Capital Facilities Investments Should:



- Produce long-term impacts with lasting benefits for clients, such as
 - reduction in hospitalization, incarceration, and the use of involuntary services, and
 - increase in housing stability
- Increase the number and variety of community-based facilities supporting integrated service experiences for clients and their families
- Support a range of options that promote consumer choice and preferences, independence, and community integration

Capital Facilities Investments Should:



- Invest in options that will be available for the long-term, such as housing that will be affordable and dedicated to consumers for many years
- Leverage additional funding from other local, state, and federal sources – and support projects that are financially viable

Capital Facilities Needs Most Frequently Identified



Purchase, construction, acquisition and/or rehabilitation costs for community-based facilities that provide:

- Consumer / peer operated wellness & recovery support centers
- Family Resource Centers
- Crisis stabilization and residential care as alternative to hospitalization

Capital Facilities Needs Most Frequently Identified



Purchase, construction, acquisition and/or rehabilitation costs for community-based facilities that provide: (cont.)

- Mental health services co-located with community-based services including schools, primary care clinics
- Affordable and supportive housing



Important Considerations

- Separate facilities may be needed for adults, youth and young adults, and children – even when addressing similar needs for services and supports
- Facilities that provide opportunities for inter-generational services and supports for families can reduce out-of-home placements for children and facilitate family reunification



Important Considerations

- Co-location with other community services and supports can reduce stigma and improve access, facilitate community collaboration, and provide an integrated service experience for clients and their families – but ...
 - What portion of these costs should be paid by MHSA funds?
- De-centralized facilities can offer services in locations that are more accessible to clients and their families



Affordable & Supportive Housing

- Lots of agreement among consumers and family members, county mental health directors and other stakeholders
 - Safe, affordable, stable housing is a foundation for recovery, resiliency, and wellness
 - Reducing homelessness is a major focus of MHSA implementation
 - Consumers and families need a range of housing options

Client and Family Member Preferences

- Most adults and transition-aged youths want their own apartment without roommates
- Some clients and family members want to live in buildings with others who have similar needs; others prefer to live in buildings without other clients or with a mix of tenants
- Majority of consumers don't want the structure and rules associated with "clean and sober" housing, but program staff think consumers need a mix of housing models (including "clean and sober" and "low demand" housing)
- Nearly all counties report that there is not enough affordable housing available in their community



Priority Populations for Housing

- Adults with serious mental illness who are homeless or inappropriately housed in restrictive settings
- Youth and young adults diagnosed with SED who are at risk of homelessness
- Families with children/youth diagnosed with SED who are experiencing housing instability or homelessness that interferes with treatment and recovery / resiliency



Defining Supportive Housing

- Permanent affordable housing with combined supports for independent living
 - Housing is permanent, meaning each tenant may stay as long as he or she pays rent and complies with terms of lease or rental agreement
 - Housing is affordable, meaning each tenant pays no more than 30% to 50% of household income



Defining Supportive Housing

- Permanent affordable housing with combined supports for independent living (cont.)
 - Tenants have access to an array of support services that are intended to support housing stability, recovery and resiliency, but participation in support services is not a requirement for tenancy
 - May be site-based or scattered site
 - Options available for adults who are single, those who choose to share housing, and families with children

Who Is Supportive Housing For?



People who are homeless or
at-risk for homelessness
- and -

face persistent obstacles
to maintaining housing,
such as mental health issues,
substance use issues,
other chronic medical issues,
and other challenges.

Supportive Housing Is For People Who:

- **BUT FOR HOUSING** cannot access and make effective use of treatment and supportive services in the community; **and**
- **BUT FOR SUPPORTIVE SERVICES** cannot access and maintain stable housing in the community.



What is Supportive Housing?

6 Dimensions of Best Practice

1. Housing Choice
2. Housing and Services Roles are Distinct
3. Housing Affordability
4. Integration
5. Tenancy Rights / Permanent Housing
6. Services are Recovery-Oriented and Adapted to the Needs of Individuals

Major Findings from AB2034

Housing is Really Important!

If you give consumers housing, they are **MUCH** more likely to stay enrolled in the program.

Major Findings from AB2034

Housing Outcomes

- Programs that enroll “more challenging” consumers (those that have had longer histories of homelessness or more barriers to housing stability) are not getting worse results in terms of housing outcomes, in fact sometimes the results are better
- “Housing readiness” is not a good predictor of housing outcomes

Major Findings from AB2034

Housing Makes a Very Big Difference

- There is wide variation among counties/programs in the proportion of ever-enrolled consumers who are now in stable housing. The range is 11% to 62%.
- There is a very strong correlation between having a high proportion of ever-enrolled consumers who are in housing and having a very low proportion of consumers who dis-enroll.

What is Most Needed?

- More affordable housing
- Permanent supportive housing
- Landlords and property managers who are tolerant and understanding of consumers
- “Wet/Damp” and “Harm Reduction” housing models for people with substance use problems
- Support for both landlords and tenants
- Wide range of housing options



Strategies for Creating More Housing Options for Consumers

- Development of new buildings
- Acquisition and renovation of existing buildings
- Long-term lease agreements with private landlords for single units or entire apartment buildings (master-leasing)
- Identifying private landlords who rent directly to consumers

Three Types of Financing for Supportive Housing Costs

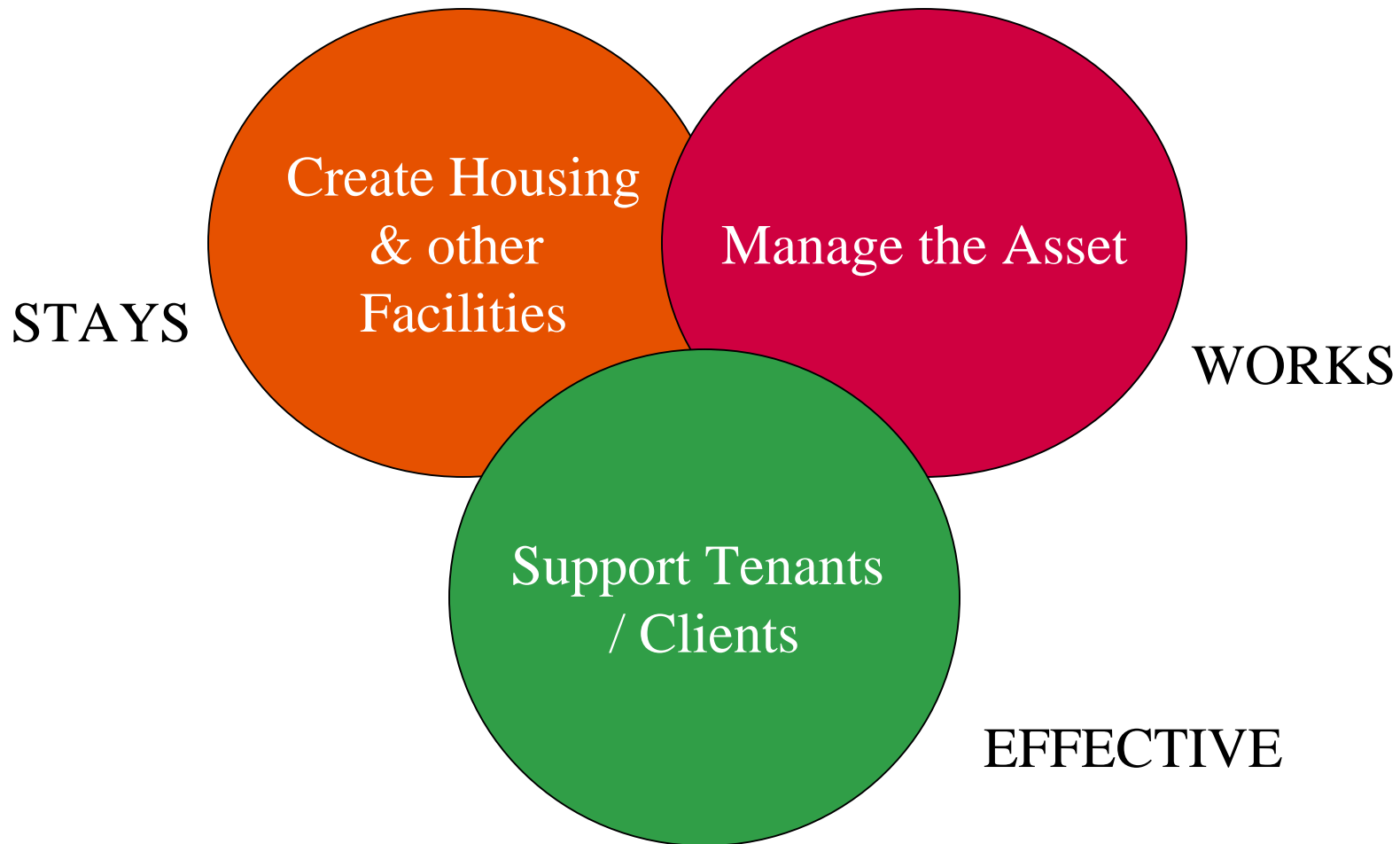


- Capital (land or buildings)
- Operating costs (or rent subsidies)
- Services

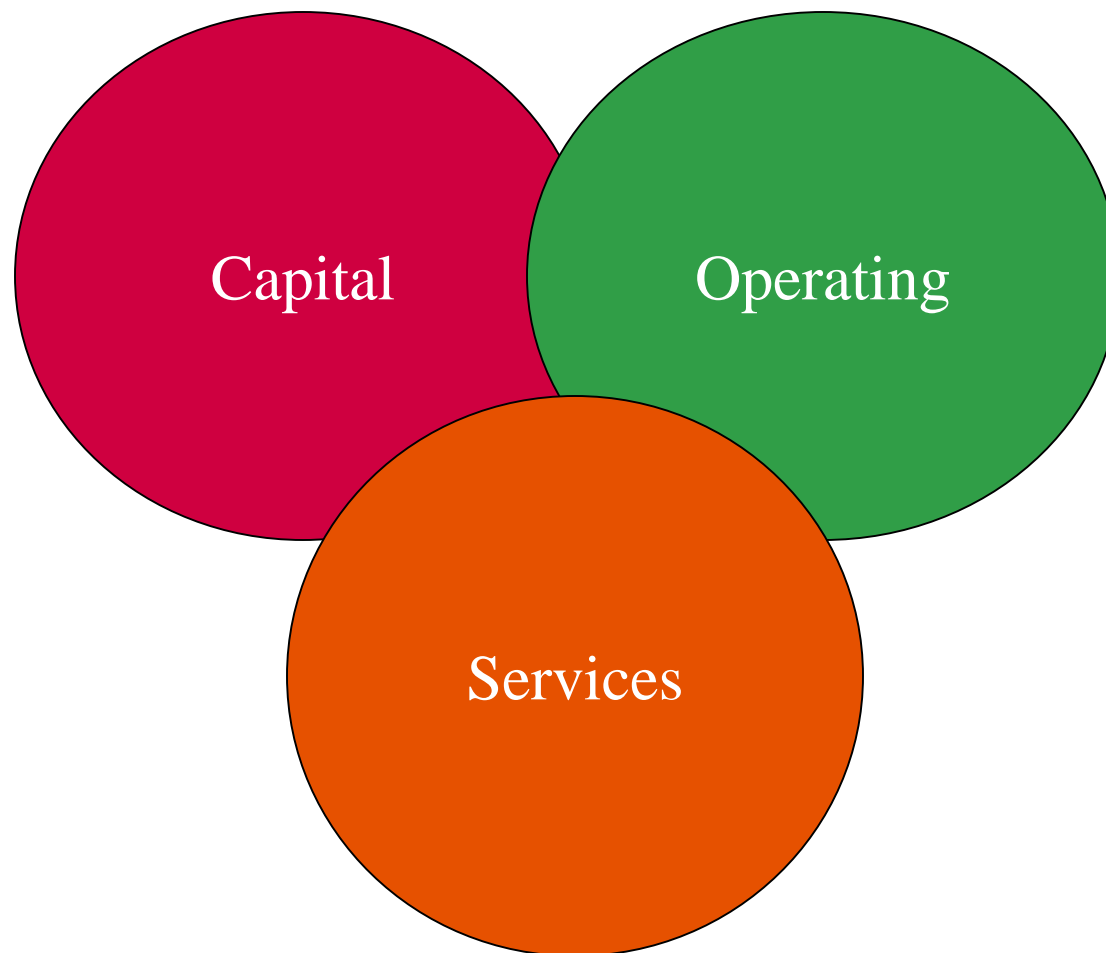
MHSA Capital facilities funds may be used for capital costs and/or for capitalized reserve for operating costs of capital projects

MHSA Community Services and Supports funds may be used for operating costs and/or services

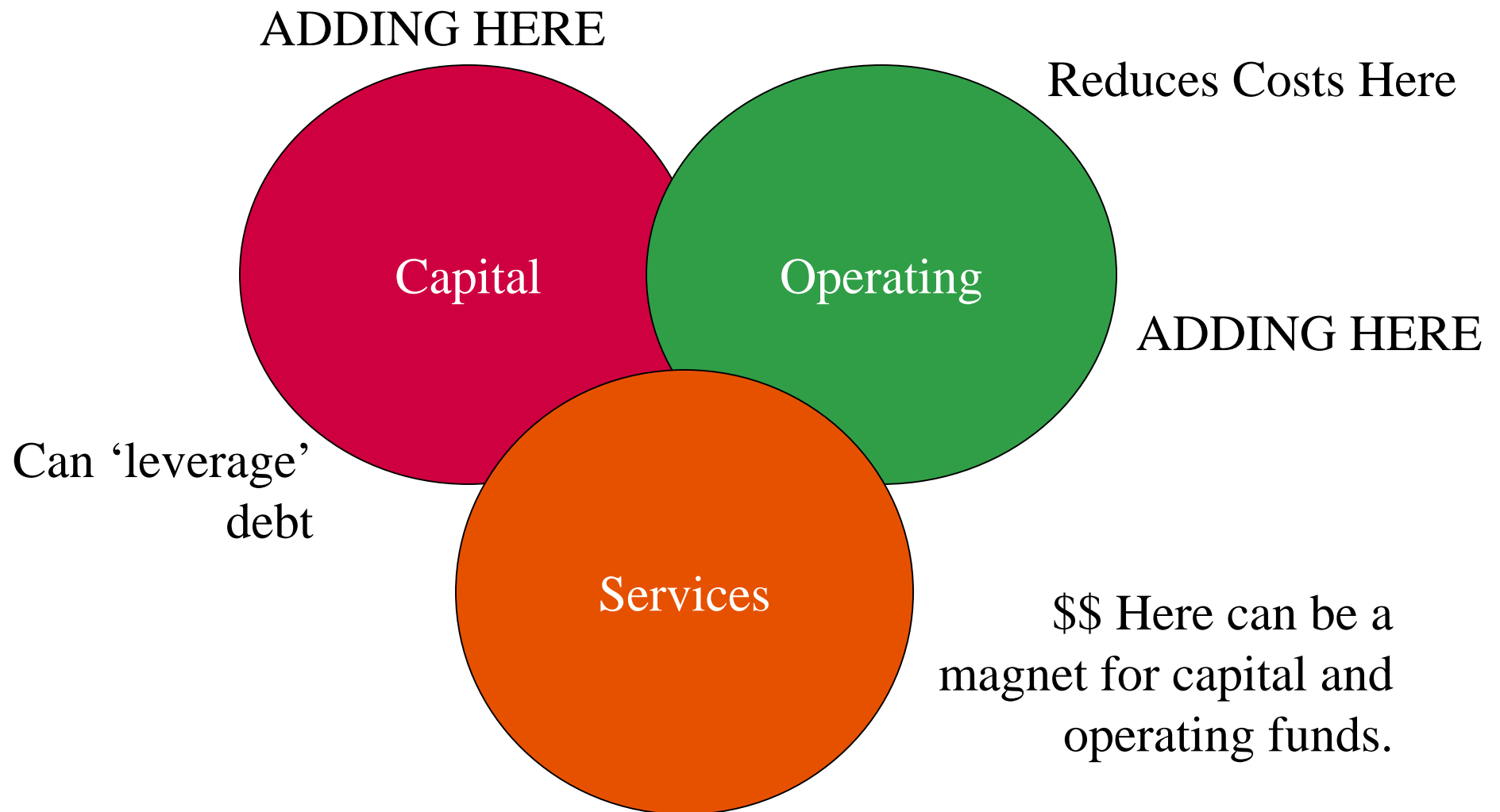
The Three Fundamental Elements of Capital Facilities



The Three “Flavors” of Money



Targeting Investments to Change the Equation





To learn more
about supportive housing
visit our web site

www.csh.org